



Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

		CLAI		S FILED - Column 1)	PA	(Colu	RT I (Column 2)			SMALL ENTITY TYPE		OTHER THAN	
FC	OR		NUMBE	ER FILED		NUMBER	EXTRA	Ìj	RATE	FEE	OR	RATE	FEE
BA	ASIC FEE							1	,	380.00	OR		760.00
TOTAL CLAIMS			57 minus 20=			* 37	* 37				OR		666
INC	DEPENDENT C	LAIMS	14	minus	. 3 = ¹	* //	* //			 	1		858
MU	JLTIPLE DEPEN	NDENT C	LAIM PF	RESENT		<u> </u>		 	X39=	 	OR	 	020
* If the difference in column 1 is less than zero, enter "0" in column 2								' [+130=	<u> </u>	OR	+260=	
CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	2284	
	//	,	SASA umn 1)	MENDED	-	PART II Column 2)	(Calumn 3)		CMALL	ENTITY	OR	OTHER SMALL	
	THE PROPERTY.		AIMS	1 1	1	HIGHEST	(Column 3)		SMALL		- On	DIMEL	
AMENDMENT A		REMA	AINING TER		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	• 5	- 11	Minus	**	KM	= Q		X\$ 9=	PEL	OR	X\$18=	FEE
\ME	Independent	* /		Minus	***	/ /-	= 0		X39±	 	1 1	X78=	
	FIRST PRESE	OITATION	OF MU	JLTIPLE DEF	PENE	DENT CLAIM		 -			OR	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
						•		L	+130=		OR	+260=	V
	•							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Colur				Column 2)	(Column 3)						
ENT B	•	CLAI REMAI AFTI AMEND	NINING TER		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	FEE
WE	Independent	*		Minus	***		=	H	X39=		1 h		
	FIRST PRESE	NTATION	I OF MU	LTIPLE DEP	END	ENT CLAIM		\vdash	X39=		OR	X78=	
					_			L	+130=		OR	+260=	
								AC	TOTAL DDIT. FEE		OR A	TOTAL ADDIT. FEE	
-		(Colum					(Column 3)						
ENTC		CLAII REMAIN AFTE AMENDI	INING ER		PRE	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
AMENDMEN	Total	*		Minus	**		=		X\$ 9=	PEC		X\$18=	_ FEE
Ŗ 	Independent	*		Minus	***		=	\vdash			OR		
1	FIRST PRESE	NTATION	OF MUI	LTIPLE DEP	END	ENT CLAIM		L	X39=		OR	X78=	
* If	the entry in colum	mn 1 is les	s than the	entry in colur	mn 2,	write "0" in coli	ıma d	L	+130=		OR	+260=	
***	f the "Highest Num f the "Highest Num	mber Previo	iously Paid iously Paid	d For" IN THIS id For" IN THIS	S SPAC	CE is less than	1 20 enter "20 "		TOTAL DIT. FEE		OR At	TOTAL DDIT. FEE mn 1.	

FORM PTO-875 (Rev. 11/98)